

Prior Foreign Application:

Country:
Appl. No.:
Filed:

Prior Foreign Application:

Country:
Appl. No.:
Filed:

Prior Foreign Application:

Country:
Appl. No.:
Filed:

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

MYRON COHEN, Reg. No. 17,358; THOMAS C. PONTANI, Reg. No. 29,763; LANCE J. LIEBERMAN, Reg. No. 28,437; MARTIN B. PAVANE, Reg. No. 28,337; MICHAEL C. STUART, Reg. No. 35,698; KLAUS P. STOFFEL, Reg. No. 31,668; EDWARD M. WEISZ, Reg. No. 37,257; JULIA S. KIM, Reg. No. 36,567; VINCENT M. FAZZARI, Reg. No. 26,879; ALFRED W. FROEBRICH, Reg. No. 38,887; KENT H. CHENG, Reg. No. 33,849; GEORGE WANG, Reg. No. 41,419; TZVI HIRSHAUT, Reg. No. 38,732, GERALD J. CECHONY, Reg. No. 31,335 and ROGER S. THOMPSON, Reg. No. 29,594.

Address all telephone calls to Lance J. Lieberman, Esq. at telephone No. (212) 687-2770.

Address all correspondence to:

Lance J. Lieberman, Esq.
Cohen, Pontani, Lieberman & Pavane
551 Fifth Avenue, Suite 1210
New York, New York 10176

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

BEST AVAILABLE COPY

Full Name of Sole or First Inventor: Seppo VIHINEN

Inventor's signature: _____

Dated: July/10/2001
Month/Day/Year

Residence: Vantaa, Finland

Citizenship: Finnish

Post Office Address: Häkilätie 28, FIN-01260 Vantaa, Finland

Full Name of Second Joint Inventor:

Inventor's signature: _____

Dated: _____
Month/Day/Year

Residence:

Citizenship:

Post Office Address:

Full Name of Third Joint Inventor:

Inventor's signature: _____

Dated: _____
Month/Day/Year

Residence:

Citizenship:

Post Office Address:

BEST AVAILABLE COPY